



Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Agency: \_\_\_\_\_

## Form of Expectation

Welcome to Career Alliance, Inc!

We are here to serve you. This is the beginning of a relationship that we hope will meet your career needs. Please complete the following questions so we can assist you better.

1. What do you expect to gain as a result of working with our service providers?

2. What kind of work/career opportunity are you seeking?

3. Are you willing to get more education and training?

If no, why not?

If yes, in what area?

4. What long-term goals do you have?

And, if so, what plans do you have to meet them?